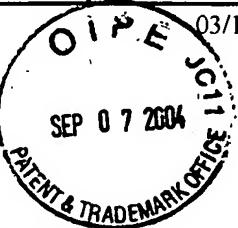




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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/799,513	03/12/2004	Robert Ganley	20959/2280



Candice J. Clement
 Nixon Peabody LLP
 Clinton Square
 P.O. Box 31051
 Rochester, NY 14603-1051

CONFIRMATION NO. 2375
 FORMALITIES LETTER



OC000000012805073

Date Mailed: 05/27/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

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09/08/2004 HAL111 00000082 10799513

01 FC:1051

130.00 UP

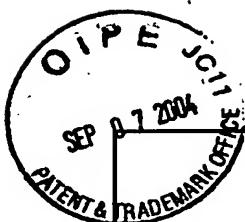
*A copy of this notice **MUST** be returned with the reply.*

M-HAIKÉ

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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



TRANSMITTAL FORM

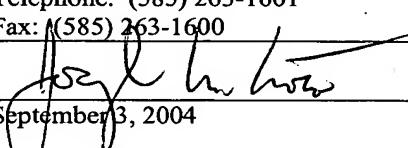
(to be used for all correspondence after initial filing)

		Application Number	10/799,513
		Filing Date	March 12, 2004
		First Named Inventor	Ganley
		Group Art Unit	3732
		Examiner Name	Unknown
Total Number of Pages in This Submission	7	Attorney Docket Number	20959/2280

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600	
Signature	 Registration No. 32,163	
Date	September 3, 2004	

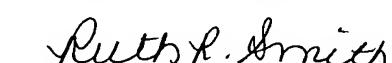
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

September 3, 2004

Date



Signature

Ruth R. Smith

Typed or printed name

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

<i>Complete if Known</i>	
Application Number	10/799,513
Filing Date	March 12, 2004
First Named Inventor	Ganley
Examiner Name	Unknown
Art Unit	3732
Attorney Docket No.	20959/2280

SEP 07 2004
U.S. PATENT & TRADEMARK OFFICE

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	385	Utility filing fee
1002	2002	170	Design filing fee
1003	2003	265	Plant filing fee
1004	2004	385	Reissue filing fee
1005	2005	80	Provisional filing fee

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
		<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Independent Claims	-3** =	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
Multiple Dependent		<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	9
1201	2201	43
1203	2203	145
1204	2204	43
1205	2205	9

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
** Reissue independent claims over original patent
** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	
1051	2051	65	Surcharge - late filing fee or oath
1052	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	1053	130	Non-English specification
1812	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1805	1,840*	Requesting publication of SIR after Examiner action
1251	2251	55	Extension for reply within first month
1252	2252	210	Extension for reply within second month
1253	2253	475	Extension for reply within third month
1254	2254	740	Extension for reply within fourth month
1255	2255	1,005	Extension for reply within fifth month
1401	2401	165	Notice of Appeal
1402	2402	165	Filing a brief in support of an appeal
1403	2403	145	Request for oral hearing
1451	1451	1,510	Petition to institute a public use proceeding
1452	2452	55	Petition to revive - unavoidable
1453	2453	665	Petition to revive - unintentional
1501	2501	665	Utility issue fee (or reissue)
1502	2502	240	Design issue fee
1503	2503	320	Plant issue fee
1460	1460	130	Petitions to the Commissioner
1807	1807	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	Submission of Information Disclosure Stmt
8021	8021	40	Recording each patent assignment per property (times number of properties)
1809	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	2810	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	2801	385	Request for Continued Examination (RCE)
1802	1802	900	Request for expedited examination of a design application
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

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September 3, 2004
Date

Ruth R. Smith
Signature
Ruth R. Smith
Typed or printed name

SUBMITTED BY

Complete (if applicable)					
Name (Print/Type)	Joseph M. Noto	Registration No. (Attorney/Agent)	32,163	Telephone	(585) 263-1601
Signature	<i>Joseph M. Noto</i>			Date	<i>9/3/04</i>

SEND TO: Commissioner for Patents
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